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(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Sardor M	LLC
Name (	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) as	re submitted for filing.
Please return all correspondence concerning this n	
riease retain an correspondence concerning this in	ratter to the following.
Rusta	m Makhmudjonov
Sa	rdor M LLC
900	Barefoot Ln #915
Panam	a City Beach, FL 32413 3 SEE
E-mall add	pla 2120 granticom
For further information concerning this matter, plo	
	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	,
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee Certificate of Sta	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	hy as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number 16000 (325//		and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L	.C."
Enter new principal offices address, if applicable:	120 Paridiso	PL_	
(Principal office address MUST BE A STREET ADDRESS)	Panama City Be -32413	ach, f	-1_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	120 Paridiso Panama City 1 32413	PL Beach	FL
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter t</u> <u>e</u> :		f the new
Name of New Registered Agent:		16 SEP 2	TONET.
New Registered Office Address:		- 62	SEPTE
	Enter Florida street address	<u>~</u>	
<del></del>	, Florida	Zip Code	<u> </u>

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address				Type of Ac	tion:
helper	Serhii Tsukalent	<u> </u>	300 (	abana	BLVD	_ <b>D</b> Add	
employee	Serhii Tsukalenk						
		Beac	h, FL	3240	<del>}</del>	Change	
helper	Anatolii Tkacher	nko	300	Cabar	ra BLI	<u> </u>	
employee	Anatolii Tkacher	#35	102 Pa	mama	cityBe	<u>e</u> C Remove	•
		FL	324	07		Change	
						□ Add	
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						_□ Remove	्छ्या ती इंड
						Change	
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		<del>- 11221</del>				Remove	
		<del></del>			<del></del>	Change	
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:O	0207 (3)(b d as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	r of:
Dated	09.27.16	
	Signature of a member or authorized representative of a member	
	Rustam Makh mudjonov  Typed or printed name of signee	

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Filing Fee: \$25.00